

Immediate Action Product Recall Directive

Date: [Insert Date]

To: [Insert Recipient Name]
[Insert Recipient Title]
[Insert Company Name]
[Insert Company Address]

Dear [Recipient Name],

Subject: Immediate Recall of [Product Name] - [Batch/Lot Number]

This letter serves as a formal directive to initiate the immediate recall of [Product Name]. Due to [briefly state reason for recall, e.g., safety concerns, regulatory compliance], we require your prompt action to ensure consumer safety.

As of [Insert Date], all units of the affected batch have been identified and should be removed from circulation. Please follow these steps:

1. Cease sales and distribution of the affected product immediately.
2. Notify all retailers and distributors that received the affected batches.
3. Arrange for the return of all unsold inventory to [Insert Company's Return Address].
4. Provide us with a report of all actions taken as part of the recall by [Insert Deadline Date].

If you have any questions or require further assistance, please contact [Insert Contact Name] at [Insert Contact Phone Number] or [Insert Contact Email].

Thank you for your immediate attention to this serious matter.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]
[Your Company Address]
[Your Phone Number]
[Your Email]